

**Legal Advocates for Seniors and People with Disabilities**

205 W. Monroe, 4<sup>th</sup> Floor, Chicago, IL 60606

312-263-1633

Fax: 312-263-1637

E-Mail: [info@mylegaladvocates.org](mailto:info@mylegaladvocates.org)

**VIA FACSIMILE**

October 20, 2008

Phillips & Cohen Associates Ltd  
695 Rancocas Road  
Westampton, NJ 08060

09CV365

JUDGE GRADY

MAGISTRATE JUDGE SCHENKIER

PH

Re: Patricia Hunt

[REDACTED]  
[REDACTED], IL [REDACTED]

Consumer's account: [REDACTED] / [REDACTED]

LASPD file number: [REDACTED]

Dear Sir or Madam:

Please be advised that we represent Patricia Hunt regarding your firm's attempts to collect the above-referenced debt.

Legal Advocates for Seniors and People with Disabilities ("LASPD") is a nationwide program of the Chicago Legal Clinic, Inc., a not-for-profit law office providing low-cost legal services to the public. LASPD provides debt-related legal services to seniors and people with disabilities who have a fixed and/or limited income, protected by law, and have minimal or no assets. LASPD's goal is to persuade creditors and third party collectors to cease collection efforts, including filing a lawsuit, regarding debts that are not collectible, such as the one referenced above.

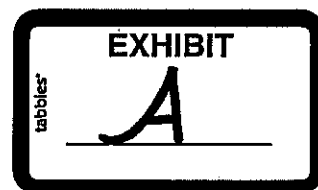
We ask that you, or the creditor you represent, review the attached affidavit from Ms. Hunt. As you will see, Ms. Hunt's income is protected from levy, attachment or garnishment by Federal and/or State law. Moreover, there is no income available for a payment arrangement or settlement. We therefore request that you cease all further collection activities and direct all future communications to our office.

In closing, I am certainly prepared to furnish you with other appropriate information that you may require. If you have any questions, please contact LASPD at 312-263-1633.

Very truly yours,

*Jeff Whitehead*

Jeff Whitehead,  
Supervising Attorney  
Enc.



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Edward Grossman, Executive Director  
Marta C. Bukata, Deputy Director  
Jeff Whitehead, Supervising Attorney

**CONSENT FORM FOR LEGAL REPRESENTATION**

Please allow this form to express my (our) formal consent for Legal Advocates for Seniors and People with Disabilities (LASPD) to provide certain legal representation on my (our) behalf with respect to my (our) debts. LASPD, through its agents, has authority to communicate with all creditors on my (our) behalf and attempt to resolve any debt which may be due and owing to said creditors. All communication regarding my (our) debts from any and all of my (our) creditors shall be made only through the agents of LASPD. This consent form shall be valid until revoked in writing by the undersigned.

PRINTED NAME: Patricia Hunt  
First Client

SIGNED: Patricia Hunt  
First Client

DATED: 2-3-06

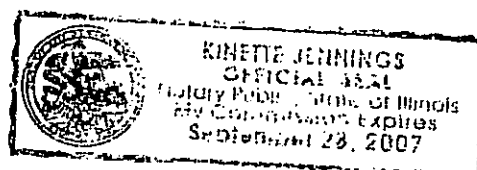
PRINTED NAME: \_\_\_\_\_  
Second Client

SIGNED: \_\_\_\_\_  
Second Client

DATED: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS 1 DAY  
OF NOVEMBER, 2006.

Kinette Jennings  
NOTARY PUBLIC



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 E-Mail: LASPD@clclaw.org

Edward Grossman, Executive Director  
 Maria C. Bukata, Deputy Director  
 Jeff Whitehead, Supervising Attorney

**To our Client:**

Please help us to help you. The best way to give creditors a full understanding of your financial information is by filling out this affidavit as **completely, neatly and accurately** as possible. This will greatly help our communication with your creditors. Thank you.

**AFFIDAVIT OF INCOME AND ASSETS**

Please put a checkmark to indicate only those sources of income that you receive and put the amount you receive each month in the appropriate column.

**I. Sources of Income (and Monthly Amounts) which are Protected by Law:**

<u>Source of Income</u>	<u>Monthly Amount</u>
( ) Social Security benefits	\$ _____
<input checked="" type="checkbox"/> Disability benefits (including long-term disability and short-term disability benefits)	\$ <u>                    </u>
( ) Pension benefits (ERISA) and IRA's	\$ _____
( ) Veterans' benefits	\$ _____
( ) Public Aid benefits	\$ _____
( ) Workers' Compensation benefits	\$ _____
( ) Unemployment benefits	\$ _____
( ) Child support and/or maintenance (alimony)	\$ _____

**II. Other Sources of Income NOT Listed Above :**

<u>Source</u>	<u>Monthly Amount</u>
_____	\$ _____
_____	\$ _____

**THE NEXT PAGE IS VERY IMPORTANT TO COMPLETE IF WE ARE GOING TO REPRESENT YOU PROPERLY. PLEASE FILL IN EVERY SPACE THAT APPLIES TO YOU AND PUT AN (X) IN ANY SPACE THAT DOES NOT APPLY TO YOU.**

**III. Assets:**

- a) House or real estate valued at: \$ 15 which includes a mortgage and/or home equity loan(s) of \$ 0. (The value of your home is the amount that you could sell it for if you were going to sell it. A local real estate broker may be able to help you determine this amount. The mortgage amount and/or the home equity loan should be the total amounts outstanding.)
- b) \$ 0 worth of all personal property (for example, clothing, furniture, electronics and bank accounts).
- c) A motor vehicle valued at \$ 0 which includes a total amount owed of \$ 0 on a vehicle loan. (You can find the trade-in value of your car at websites such as [www.kbb.com](http://www.kbb.com) and [www.edmunds.com](http://www.edmunds.com) or by looking at the Kelley Blue Book at your local library. Alternatively, you can ask a local car dealer. **If you own more than one vehicle, please list this information in section IV below.**)
- d) \$ 0 received from the sale of real estate within the past 12 months.
- e) \$ 0 of life insurance benefits due to the death of an immediate family member within the past 12 months.
- f) \$ 0 which I have received or expect to receive from a personal injury case involving me within the past 12 months.
- g) An award to me under state crime victims' compensation laws of \$ 0.

**IV. Other Assets Not Listed Above:**

_____	valued at \$ _____
_____	valued at \$ _____
_____	valued at \$ _____
_____	valued at \$ _____

DNA

The above-listed information has been carefully provided by me. I have disclosed all of my sources of income and my assets. I understand the purpose of this affidavit and have voluntarily signed it.

PRINTED NAME: PATRICIA HUNT

First Client

SIGNED: Patricia Hunt

First Client

DATED: 2-3-06

PRINTED NAME: \_\_\_\_\_

Second Client

SIGNED: \_\_\_\_\_

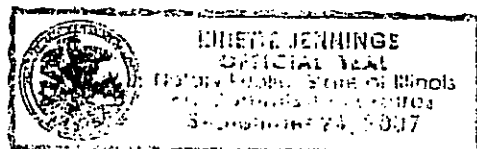
Second Client

DATED: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS 1 DAY

OF NOVEMBER, 2006.

Ronette Jennings  
NOTARY PUBLIC



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**From company**

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**Subject**

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